2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO7837 1. Entity Name VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATIO N, INC. Principal Place of Business Mailing Address 54 MISNER'S TRAIL ORMOND BCH FL 32174 FROM TORMOND BCH FL 32174

FILED Feb 10, 2003 8:00 am | Secretary of State

02-10-2003 90236 035 ****61.25

N, INC.	.,										
Principal Place of Business 54 MISNER'S TRAIL ORMOND BCH FL 32174			Mailing Address 54 MISNER'S TRAIL ORMOND BCH FL 32174				90021692				
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF	MAKING	CHANGES	3
City & State			City & State				4. FEI Number 59-2505195 Applied For				
Zip Country			Zip	Zip Country			Not Applicable				
				<u> </u>			5. Certificate of Status Desired Fee Required				
	6. Name	and Address of Current	Registered Agent		Name		7. Name and Add	ress of New Re	gistered A	gent	**
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KIRBY, MARTHA C 37 MISNERS TRAIL			·	Street Address			(P.O. Box Number is Not Acceptable)				
	ieno inail D Beach Fi	22174						 -			<u> </u>
ORMON	D DEACH FI	- 321/4									
					City		, <u></u>		FL	Zip Coo	de
8. The above	e named entity	submits this statement for	r the purpose of changing it:	s registered	l office or re	enistere	d agent or both in t	the State of Floris		milior with	and secont
the obliga	ations of registi	erea agent.							ua. Lanila	GIUDAI WILII,	, апо ассері
	na A &	LUA (KI	DRU Mars	-0 1	9 1/	•	4.	/	1 -		
SIGNATURE	11/11/		RBY-Mare	no c	- Ru	my	irslasur	2/7/	03		
	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registered A	Agent signature	requiredw	vhen reinstating)	' /	DATE		
	FILE NOW:	: FEE IS \$61.25	9. Election Ca	ampaign Fin	ancing _		\$5.00 May Be	Make	Check	Payable	to
,	· · · · · · · · · · · · · · · · · · ·		Trust Fund (Contribution	n. 🗀		Added to Fees			ment of	
			<u> </u>								
10.	l VD	OFFICERS AND DIF		11.			DDITIONS/CHANGE	S TO OFFICERS	AND DIR	ECTORS IN	l 10
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NAME	KIRBY, MA			NAME							}
STREET ADDRESS CITY-ST-ZIP	37 MISNEF				ADDRESS						
	ASD	BEACH FL 32174		CITY-ST	-ZIP					***	
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12 Lhereby o	ertify that the	information cumplied with	this filing does not qualify for		- 						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcha ME Karly My reasurer

2/7/03

386-681-2323

R2E037 (10/02)